Tax Questionnaire for Year 2024

This questionnaire should be used as a guide to organizing your materials prior to your tax interview. Rental activity and/or business income and expense should be prepared on separate schedules.

|  |  |
| --- | --- |
|  |  Taxpayer Spouse Dependents  |
| Name |   |
| Date of Birth |   |
| Social Security # |   |
| Address |   |
| Phone | Home Work (Taxpayer) Work (Spouse) Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell (Taxpayer) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell (Spouse)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |

**Wages and Salaries** (Attach ALL copies of **W-2** **forms**)

**Pensions and Annuities** (Attach ALL copies of **Form 1099-R**)

**Interest Income – Taxable & Nontaxable** (Attach ALL copies of **Form 1099-INT**)

|  |  |  |  |
| --- | --- | --- | --- |
| Source |  Amount  | Source |  Amount  |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|  |  |  |  |

**Dividends Received** **– Taxable & Nontaxable** (Attach ALL copies of **Form 1099-DIV**)

|  |  |  |  |
| --- | --- | --- | --- |
| Company |  Amount  | Company |  Amount  |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|  |  |  |  |

**Income from Businesses, Farms & Rental Properties** (Attach schedule of income/expense)

**Capital Gains & Losses** (Attach ALL **1099-B forms** and **1099-S forms**) – Please provide a detailed schedule showing purchase date, sale date, selling price, and cost. Generally, your broker will be able to provide this information for you.

**Income from Partnerships, S-Corporations, Trusts & Estates** (Attach copy of **K-1** form)

|  |  |  |
| --- | --- | --- |
| **Amount of:** |  Taxpayer  |  Spouse  |
| **Unemployment Compensation Received** (Attach **1099 forms**) |   |   |
| **Social Security & Railroad Retirement Received** (Attach **1099 forms**) |   |   |
| **2024 Roth IRA Conversions** (Attach **1099R forms**) | \_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_ |

**All Other Income** (Fees, Prizes, State Tax Refund, ADC Payments, Gambling Winnings, child support, etc.)

|  |  |  |  |
| --- | --- | --- | --- |
| Nature |  Amount  | Nature |  Amount  |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |

**Educator Classroom Supplies Purchased in 2024**

**Alimony** – Amount Name and Social Security Number

**Child Care Provider Information**

Name & Address Social Security Number Amount Paid

|  |  |  |  |
| --- | --- | --- | --- |
|  **Medical and Dental (Unreimbursed):** |  Amount  |  |  Amount  |
| Medicine & Drugs (Enter Total Only) |   | Medical Travel \_\_\_ mi.@ 21¢ |   |
| Health Insurance Premiums |   | Doctors |   |
| Medicare Premium, if any |   | Hospitals |   |
| Long-Term Care Premiums T-\_\_\_\_\_\_\_\_ S-  |   | Glasses, Hearing Aides, etc. |   |

**Taxes:**

Real Estate Taxes Paid in 2024 on your home, vacation home, and other non-business property

Other (Sales Tax, License Plate Fees, etc.)

|  |  |  |  |
| --- | --- | --- | --- |
| **Interest Expense:** |  Amount  |  |  Amount  |
| Home Mortgage Interest - Residence |   | Investment Interest |   |
| Home Mortgage Interest - Second Home |   | Student Loan Interest  |   |
| Private Mortgage Insurance |   |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Contributions:** |  Amount  |  |  Amount  |
| Charitable Work Travel mi. at 14¢ |   | Automobile, Boat or Airplane (Form 1098-C) |   |
| Churches |   | Non-Cash Items (Attach List) |   |
| All Others |   |  |  |

**Business Travel & Entertainment** – I (We) maintain adequate records for auto, travel and entertainment.

If yes, please sign here

**College Tuition, Fees, Books, & Supplies** - Attach Form 1098-T, enrollment date, college, amounts and dates paid.

**Health Savings Account**  – 2024 Contributions (Attach **Form 5498SA**) \_\_\_\_\_\_\_\_\_\_\_\_

 2024 Distributions (Attach **Form 1099SA**) \_\_\_\_\_\_\_\_\_\_\_\_\_

**Forms 1095-A, 1095-B, and 1095-C**  – Please attach applicable Health Insurance Form(s) to verify coverage

|  |  |  |
| --- | --- | --- |
| **2024 Individual Retirement Account (IRA) Deduction** |  Taxpayer  |  Spouse  |
| Amount |   |   |
| Date Deposited |   |   |
| Are you covered under your employer’s retirement plan? |   |   |
| “Regular” IRA or “Roth” IRA |   |   |

|  |  |  |
| --- | --- | --- |
|  |  | **Estimated Income Tax Data** |
|  | Date | Federal | Michigan | Michigan Business Tax |
|  | Due | Date Paid | Amount | Date Paid | Amount | Date Paid | Amount |
| 2023 Overpayments |  |  |  |  |  |  |  |
|  Credited to 2024 |  |  | $ |  | $ |  | $ |
| 1st Installment | 4/15/24 |  |  |  |  |  |  |
| 2nd Installment | 6/17/24 |  |  |  |  |  |  |
| 3rd Installment | 9/16/24 |  |  |  |  |  |  |
| 4th Installment | 1/15/25 |  |  |  |  |  |  |
|  Totals |  |  | $ |  | $ |  | $ |

**State**:

School District Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Are you a disabled veteran? \_\_No \_\_ Yes % Disability

Taxable Value of Personal Residence

Real Estate Taxes Levied in 2024 on your home Total Heating Costs Type of Fuel

Rent Paid on your home in 2024 Landlord’s Name & Address

Total purchases of mail order items that you have not paid sales tax on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contributions to MET or MESP Accounts \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_